

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P95000003968 (1)**

1. Corporation Name  
**LORENZO PROPERTIES, INC.**

Principal Place of Business  
**10450 S.W. 186 LANE**  
**MIAMI FL 33157**

Mailing Address  
**10450 S.W. 186 LANE**  
**MIAMI FL 33157-6722**



<b>2. Principal Place of Business</b> 21 <b>4310 NW 35 Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FL</b> Zip Country 24 <b>33142</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>4310 NW 35 Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL</b> Zip Country 29 <b>33142</b> 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>01/17/1995</b>	<b>3a. Date of Last Report</b> <b>07/08/1996</b>
<b>4. FEI Number</b> <b>65-0587526</b>		Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>LORENZO, HUMBERTO</b> <b>10450 S.W. 186 LANE</b> <b>MIAMI FL 33157</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>LORENZO, Humberto</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4310 NW 35 Ave</b> 83 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33142</b>		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>D LORENZO, HUMBERTO</b> STREET ADDRESS <b>10450 S.W. 186 LANE</b> CITY-ST-ZIP <b>MIAMI FL 33157</b>		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>LORENZO, Humberto</b> 1.3 STREET ADDRESS <b>4310 NW 35 Ave -</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL 33142</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Humberto Lorenzo 2/10/97 (303) 634-3342  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)